
OLR Bill Analysis

sHB 5386

AN ACT CONCERNING CARE COORDINATION FOR CHRONIC DISEASE.

SUMMARY:

This bill requires the public health (DPH) commissioner to develop a plan to (1) reduce the incidence of chronic disease; (2) improve chronic disease care coordination in the state; and (3) for each type of health care facility, reduce the incidence and effects of chronic disease. She must do so in consultation with the comptroller and representatives of hospitals, other health care facilities, and local and regional health departments. The plan must address cardiovascular disease, cancer, stroke, lung disease, diabetes, arthritis or another metabolic disease, and psychiatric illness.

The bill also requires the commissioner to report annually on chronic diseases and the plan's implementation. The report must include several matters, such as detailed recommendations for what hospitals and health care facilities can do to reduce the effects of the most prevalent chronic diseases and estimated costs for implementing the recommendations.

EFFECTIVE DATE: October 1, 2014

REPORTING REQUIREMENT

The bill requires the DPH commissioner, by January 15 each year, to report to the Public Health Committee on chronic disease and implementing the plan described above. She must post the reports on the department's website within 30 days after she submits them. The reports must include:

1. a description of the chronic diseases most likely to cause death or disability, the approximate number of people affected by them, and an assessment of each such disease's financial effect

- on the state, hospitals, and health care facilities;
2. a description and assessment of programs and actions that DPH, hospitals, and health care facilities implement to improve chronic disease care coordination and prevent disease;
 3. the source and amount of funding DPH receives to treat people with multiple chronic diseases and to treat or reduce the most prevalent chronic diseases in the state;
 4. a description of chronic disease care coordination between DPH and hospitals and health care facilities, and among health care facilities, to prevent and treat chronic disease;
 5. detailed recommendations on what hospitals and health care facilities can do to reduce the effects of the most prevalent chronic diseases, including (a) ways to reduce hospital readmission rates, (b) transitional care plans, and (c) drug therapy monitoring;
 6. anticipated results from any hospital or health care facility that implements the recommendations;
 7. goals for coordinating care and reducing cases of multiple chronic conditions; and
 8. estimated costs and other resources needed to implement the recommendations.

BACKGROUND

Chronic Disease

According to the U.S. Department of Health and Human Services, chronic diseases are conditions lasting at least a year that require ongoing medical attention, limit activities of daily living, or both.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/10/2014)